FORM D

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

135	9163	
	OMB APPE	ROVAL
	OMB Number:	3235-0076
	Expires:	
	Estimated avera	ge burden
	hours per respor	se16.00

SEC USE ONLY						
Prefix	Serial					
DATE	RECEIVED					
1	-					

SEC Mall Processing
□ ULOE Section
JUL 0.7 2008
901 0 · E000
Washington, DC
< 1 01
Telephone Number (Including Area Code)
35.632.3625
Telephone Number (Including Area Code)
17
PROCESSED
ease specify): Hat a 1 0000
ty Company JUL 1 1 2008
· · · · · · · · · · · · · · · · · · ·
tted THOMSON REUTER
en e n
q. or 15 U.S
J.S. Securi ler the dati
08054623
signed. Any copies not mattuarry signed mus
the name of the issuer and offering, any chard in Parts A and B. Part E and the Appendix r
es of securities in those states that have adop curities Administrator in each state where so the exemption, a fee in the proper amount so The Appendix to the notice constitutes a par

filing of a federal notice.

A, BASIC IDENTIFICATION DATA
2. Enter the information requested for the following:
 Each promoter of the issuer, if the issuer has been organized within the past five years;
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issue
 Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
Each general and managing partner of partnership issuers.
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual) Wilson, Scott L.
Business or Residence Address (Number and Street, City, State, Zip Code) 335 East St. George Blvd., Suite 204, St. George, UT 84770
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

					В. П	NFORMAT	ION ABOU	T OFFERI	NG				
1.	. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?								Yes	No 🗷			
	Answer also in Appendix, Column 2, if filing under ULOE.									- 50	00.00		
2.	What is the minimum investment that will be accepted from any individual?										\$_50, Yes	No	
3.	Does the offering permit joint ownership of a single unit?									r es ₽			
4.	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. Full Name (Last name first, if individual)												
Ful	l Name (Last name	first, if ind	ividual)									
Bus	siness or	Residence	Address (N	Number and	Street, C	ity, State, Z	(ip Code)				· · · · · · · · · · · · · · · · · · ·		
Nar	ne of As	sociated B	roker or De	aler				····					
Stat			Listed Ha		*								
	(Check	"All State:	s" or check	individual	States)							☐ AI	1 States
	AL IL MT RI	AK IN NE SC	IA NV SD	KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	MD NC VA	MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR
Ful	l Name (Last name	first, if ind	ividual)			-						
Bus	iness or	Residence	Address (Number an	d Street, C	City, State,	Zip Code)						
Nar	ne of As	sociated B	roker or De	aler	<u>. </u>				<u></u>				
Stat			Listed Ha						 -				
	(Check	"All State:	s" or check	individual	States)			••••••				All States	
	AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR
Ful	l Name (Last name	first, if ind	ividual)									
Bus	iness or	Residence	Address (1	Number an	d Street, C	ity, State, 2	Zip Code)			•	<u>.</u>		
Nar	ne of As:	sociated B	roker or De	aler						•	•		<u></u>
Stat	tes in Wh	ich Persor	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers				•		
	(Check	"All State:	s" or check	individual	States)							□ AI	1 States
	IL IN IA KS KY LA ME MD MA MI MN (MT NE NV NH NJ NM NY NC ND OH OK (MS OR WY	ID MO PA PR	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\sum \) and indicate in the columns below the amounts of the securities offered for exchange and the securities of the	•	
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	£ 10,000,000.00	3,420,320.00
	Equity		
	Common Preferred	*	<u> </u>
	Convertible Securities (including warrants)	\$	S
	Partnership Interests		
	Other (Specify)		
	Total	\$ 10,000,000.00	\$ 3,420,320.00
	Answer also in Appendix, Column 3, if filing under ULOE.		*
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	:	A
		Number Investors	Aggregate Dollar Amount of Purchases \$ 3,420,320.00
	Accredited Investors		· · · · · · · · · · · · · · · · · · ·
	Non-accredited Investors		\$ 0.00
	Total (for filings under Rule 504 only)	·	\$_3,420,320.00
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees		\$_25,000.00
	Accounting Fees		s
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)		\$
	Total		\$_25,000.00

	C. OFFERING PRICE,	NUMBER OF INVESTORS, EXPENSES AND USE OF P	KOCEEDS	
	and total expenses furnished in response to Part	offering price given in response to Part C — Question 1 C — Question 4.a. This difference is the "adjusted gross		9,975,000.00
5.	each of the purposes shown. If the amount i	ss proceed to the issuer used or proposed to be used for for any purpose is not known, furnish an estimate and otal of the payments listed must equal the adjusted gross of Part C — Question 4.b above.		
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees	[
	Purchase of real estate	[\$ 6,000,000.00
	Purchase, rental or leasing and installation of and equipment	f machinery [\$	\$
	Construction or leasing of plant buildings ar	d facilities[\$	\$
	Acquisition of other businesses (including the offering that may be used in exchange for the issuer pursuant to a merger)	ne value of securities involved in this e assets or securities of another	¬ \$	_
				_
	Other (specify):	[\$	\$
	Column Totals	[\$ 0.00	\$_9,975,000.00
	Total Payments Listed (column totals added))	_\$ <u>_9</u>	,975,000.00
		D. FEDERAL SIGNATURE		
sig	nature constitutes an undertaking by the issuer	by the undersigned duly authorized person. If this notice to furnish to the U.S. Securities and Exchange Commis n-accredited investor pursuant to paragraph (b)(2) of F	sion, upon writte	
Iss	uer (Print or Type)	Signature / N /	Date	
Oa	sis Properties I, LLC		7/3/200	8
	ne of Signer (Print or Type)	File of Signer (Print or Type)	<u> </u>	
Scc	tt L. Wilson	Manager		

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		E. STATE SIGNATURE						
1.	* * *	resently subject to any of the disqualification Yes No						
	Sec	e Appendix, Column 5, for state response.						
2.	 The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on For D (17 CFR 239.500) at such times as required by state law. 							
3.	3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by issuer to offerees.							
4.	4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Unifor limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.							
	uer has read this notification and knows the contact the contact person.	tents to be true and has duly caused this notice to be signed on its behalf by the undersigned						
Issuer ((Print or Type)	Signature Add						
Oasis F	Properties I, LLC	7/3/2008						
Name (Print or Type)	Title (Print or Type)						
Scott L	Wilson	Manager						

instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX 1 2 4 3 Disqualification Type of security under State ULOE Intend to sell and aggregate (if yes, attach Type of investor and explanation of offering price to non-accredited waiver granted) offered in state amount purchased in State investors in State (Part E-Item 1) (Part C-Item 2) (Part B-Item 1) (Part C-Item 1) Number of Number of Accredited Non-Accredited Investors Yes No Yes No Investors Amount State Amount ALΑK ΑZ AR Promissory Note X 1 $\mathsf{C}\mathsf{A}$ X CO **Promissory Note** CTX 18 X DE DC FL GA HI ID ILIN IA KS KY LA ME × **Promissory Note** 3 × MD MA MI MN MS

APPENDIX 2 3 4 1 Disqualification Type of security under State ULOE Intend to sell and aggregate (if yes, attach explanation of offering price Type of investor and to non-accredited offered in state amount purchased in State waiver granted) investors in State (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) (Part B-Item 1) Number of Number of Accredited Non-Accredited Investors Yes No State Yes No Investors Amount Amount MO MT NE NVNH NJ NM NY **Promissory Note** 1 NC × ND OH OK OR PA RΙ SCSD TN TXUT VT ٧A 2 X **Promissory Note** WAWVWI

	APPENDIX									
1		2	3		4					
,	to non-a investor	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)			Type of investor and explan amount purchased in State waiver		ate ULOE attach ation of granted) -Item 1)
State	Yes	No		Number of Accredited Investors	Accredited Non-Accredited				No	
WY										
PR										

